fore-brain is always accompanied with activity of the cortical sensory regions (for example, the visual or auditory centres of Ferrier). If the cortical visual centre is excited, not from the fore-brain, but from a corresponding infra-cortical centre (such as the corpora quadrigemina), then the result of its activity is not a mere imaginary object, but one that assumes an objective character, *i. e.*, there is a genuine act of vision, or, in the lack of an external impression, a visual hallucination. If the control of the cortical sensory centres by the cortex of the fore-brain is prevented, then the spontaneous excitations that go to them from the corresponding infra-cortical centres (resulting from variations of the circulation or nutrition) give rise to the occurrence of hallucinations. The conditions favorable to the latter are diminution of the activity of the fore-brain, together with an excited condition of the sensory centres, cortical as well as infra-cortical. This excitation may pass from the nerves to the infra-cortical centres, hence hyperæsthesia of the sensory organs is a common accompaniment of hallucinations. But, on the other hand, we can in no case admit a centrifugal (from higher to lower centres) transmission of the excitation.

NERVE-STRETCHING.—At the Société de Biologie, February 26th, M. P. Bert announced that he was convinced that nerve-stretching produced its effects on the cord and not on the nerve. What is it that occurs when a mixed nerve is destroyed by heat, cold, or by a caustic? Motion is first affected, while after nerve-stretching the reverse phenomenon exhibits itself. It is therefore natural to suppose that in stretching a nerve it is, in reality, the cord on which we perform the operation.

At the session of March 19th, M. Quinquaud exhibited a guinea pig, in which he had, six weeks previously, stretched the sciatic, according to M. Laborde's method, and in which the operation had been followed by trophic troubles and the spontaneous amputation of the toes to which the nerve was distributed. This is the same lesion as that produced by division of the nerve. In another guinea pig he observed a curious phenomenon to which he gave the name of *mechanical transfer*; he stretched the sciatic on one side just sufficiently to produce anæsthesia, and then repeated the operation to the same extent on the opposite side. He found then the sensibility revived and very pronounced on the side originally operated upon. Numerous experiments gave the same results, provided that the stretching and the consequent anæsthesia were not carried too far.

This interesting phenomenon proves that we modify the activity of the nerve cells in the cord by this operation, and that we do not have to do with the results obtained from a simple nervous laceration, but with phenomena acting at a distance, like those described by M. Brown-Séquard.

TINNITUS AURIUM.—After a careful study of the subject of tinnitus, Dr. P. Hermet, *L'Union Médicale*, January 29th, February 5th, 8th, and 10th, arrives at the following conclusions:

1. That the tinnitus compared by the patients to the roaring sound of a shell, to the sighing of the wind, or to the sound of waves, is a symptom of the lack of equilibrium between the atmospheric pressure and that of the air contained in the middle ear, and is the kind experienced in cases of obstruction of the Eustachian tube, or of foreign bodies in the ear.

2. That that of which the *timbre* may be rendered by the word djiii, and which the subjects compare to the sound of a jet of steam, or the fizzling of green wood on fire, to the whistling of a gas jet running free and not lighted, is a sign of compression, met with wherever, through derangements in the chain of ossicles, the liquid of Cotugno is compressed.

This kind of tinnitus is observed sometimes temporarily in cases of foreign bodies in the meatus, and more frequently and continuous with anchylosis of the chain of ossicles, with adhesions between the tympanum and the incus, and contraction or retraction of the tensor tympani.

3. Musical sounds are always associated with an affection of the internal ear, and may be accompanied with titubation, vertigo, etc.

4. Tinnitûs isochronous with the pulse and simulating a bruit de souffle, are produced by congestion of the arterioles in the handle of the malleus and vascular alterations elsewhere than in the ear.

TRANSITORY INSANITY FROM COLD IN CHILDREN.—Dr. H. Reich, of Müllheim, Baden, *Berliner Klin. Wochenschr.*, xviii, 8, 1881 (abstr. in *Schmidt's Jahrb.*, 189, No. 1), gives an account of four boys, from 6 to 10 years of age, who, after exposure to rather